

**Appendix A**

**Well Surveillance Field Forms**



Well Surveillance Field Form					
Well ID: 1781		Well Name: ICPP-1781			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0107	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs label on the casing.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1782		Well Name: ICPP-1782				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: ICDF			Institutional control			
Directions to the well: South side of ICDF			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0108		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Needs label on the casing.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 1783		Well Name: ICPP-1783			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?			X	Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?		X		GPS grade:	
Accessible without unlocking?			X		
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?		X		Is an electrical plug present?	X
Was well locked on departure?		X			
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?		X		Was the well photographed?	X
If yes, are post painted yellow?		X		List the photograph numbers: 0109	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?		X		Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?		X		If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs label on the casing.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1800		Well Name: ICPP-1800			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0111	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs label on the casing.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1801		Well Name: ICPP-1801				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: ICDF			Institutional control			
Directions to the well: South side of ICDF			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0112		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Needs label on the casing.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 1802		Well Name: ICPP-1802			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0100	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs a label on the surface casing.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:



Well Surveillance Field Form						
Well ID: 1803		Well Name: ICPP-1803				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: ICDF			Institutional control			
Directions to the well: East side of ICDF			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0101		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Needs a label on the surface casing.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 1804		Well Name: ICPP-1804			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: East side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0103	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs a new label on the casing. Minor cracks in pad, but in good condition.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1807		Well Name: ICPP-1807			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0110	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs label on the casing.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1829		Well Name: ICPP-1829				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: ICDF			Institutional control			
Directions to the well: South side of ICDF			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0113		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Needs label on the casing.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 1831		Well Name: ICPP-1831				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: ICDF			Institutional control			
Directions to the well: South side of ICDF			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?			X	Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0106		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Needs label on the casing.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 2019		Well Name: ICPP-2019			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?			X		
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	*
Was well locked on departure?	X			Rad well—not opened during surveillance	
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID:2020		Well Name: ICPP-2020			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Center of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?			X		
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	*
Was well locked on departure?	X			Rad well—not opened during surveillance.	
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 2021		Well Name: ICPP-2021				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: East side of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	*	
Was well locked on departure?	X			Rad well—not opened during surveillance		
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	



Well Surveillance Field Form					
Well ID: 1074		Well Name: ICPP-MON-P-020 (MW-20)			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?			X		
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	*
Was well locked on departure?	X			Rad well—not opened during surveillance	
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1073		Well Name: ICPP-MON-P-018 (MW-17)			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1072		Well Name: ICPP-MON-P-017 (MW-16)				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South end of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 1070		Well Name: ICPP-MON-P-015 (MW-14)				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South end of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 1069		Well Name: ICPP-MON-P-014 (MW-13)				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South end of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Aluminum well cap (8-in.) should be replaced, it has a minor crack.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 1063		Well Name: ICPP-MON-P-007 (MW-7)			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1062		Well Name: ICPP-MON-P-006 (MW-6)				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West side of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 1059		Well Name: ICPP-MON-P-003 (MW-3)				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West side of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	



Well Surveillance Field Form					
Well ID: 1065		Well Name: ICPP-MON-P-009 (MW-9)			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?		?		Is an electrical plug present?	
Was well locked on departure?		?		Bolted manhole cover—not opened during surveillance.	
MW-9 is contained in a manhole.					
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?		NA		Was the well photographed?	X
If yes, are post painted yellow?		NA		List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?		X		Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?			X	If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: None, could not access.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1442		Well Name: ICPP-MON-A-230				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: North end of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	*	
Was well locked on departure?	X			*Rad well—not opened during surveillance.		
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0083		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Needs a new pad.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form					
Well ID: 1057		Well Name: ICPP-MON-A-001(MW-1)			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap	Yes	No		Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers: NA		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but it is in good condition.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1428		Well Name: ICPP-SCI-P-216				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: Northwest corner of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0078		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 1429		Well Name: ICPP-SCI-P-217			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Northwest corner of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0075	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Minor cracking noted in pad, but in good condition.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1430		Well Name: ICPP-SCI-P-218			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Northwest corner of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?			X		
Locks		Yes	No	Electrical	Yes No
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes No
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0077	
Surface Pad		Yes	No	Survey	Yes No
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1431		Well Name: ICPP-SCI-P-219			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Northeast corner of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Minor cracks in pad, but in good condition.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1432		Well Name: ICPP-SCI-P-220			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Northeast corner of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Minor cracks in pad.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:



Well Surveillance Field Form						
Well ID: 1433		Well Name: ICPP-SCI-P-221				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: Northeast corner of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 1434		Well Name: ICPP-SCI-P-222 (PP-A)			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?			X		
Locks		Yes	No	Electrical	Yes No
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes No
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0068	
Surface Pad		Yes	No	Survey	Yes No
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap needs to be stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1435		Well Name: ICPP-SCI-P-223 (PP-SP)			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0070, 0072	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Hole in protective casing should be covered. Brass cap needs to be stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1436		Well Name: ICPP-SCI-P-224			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0069	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap needs to be stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1437		Well Name: ICPP-SCI-P-225			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Center of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap	Yes	No		Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	NA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Needs a new pad.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1438		Well Name: ICPP-SCI-P-226			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Needs a new pad.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1439		Well Name: ICPP-SCI-P-227				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: North end of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0080		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Minor cracks noted in pad, but it is in good condition.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 1440		Well Name: ICPP-SCI-P-228				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: North end of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?			X	GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0082		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Minor cracks noted in pad, but it is in good condition.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	



Well Surveillance Field Form					
Well ID: 1441		Well Name: ICPP-SCI-P-229			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0079	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Minor cracks noted in pad, but it is in good condition.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1445		Well Name: ICPP-SCI-P-245			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Center of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap	Yes	No		Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?		X
If yes, are post painted yellow?	X		List the photograph numbers:	NA	
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Needs a new pad.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1443		Well Name: ICPP-SCI-P-247			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Center of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Needs a new pad.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1444		Well Name: ICPP-SCI-P-248			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Northwest corner of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes No
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes No
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0076	
Surface Pad		Yes	No	Survey	Yes No
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Minor cracking noted in pad, but in good condition.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 1446		Well Name: ICPP-SCI-P-250				
Date of Inspection: 10/18/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0071		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap needs to be stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form					
Well ID: 1447		Well Name: ICPP-SCI-P-251			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Northeast corner of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0085	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1448		Well Name: ICPP-SCI-P-252			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0081	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1236		Well Name: ICPP-SCI-S-132			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North end of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0084	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:



Well Surveillance Field Form						
Well ID: 196		Well Name: LF2-08				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: South of Landfill 2			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0034		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: No coordinates on the brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form						
Well ID: 197		Well Name: LF2-09				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: South of Landfill 2			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0036		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: No coordinates on the brass cap. Pad has minor cracking.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form						
Well ID: 198		Well Name: LF2-10				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: South of Landfill 2			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0035		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Pad is cracked into 4 sections. Post could be repainted when possible. No coordinates on the brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form						
Well ID: 199		Well Name: LF2-11				
Date of Inspection: 10/18/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: North of Landfill 2			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0058		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: None						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form						
Well ID: 724		Well Name: LF2-12				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: Southwest corner of Landfill 2			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0037, 0038		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: No coordinates on the brass cap. Only 2 protective posts						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 207		Well Name: LF3-08				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: South of Landfill 3			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?	X			Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0041		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: No coordinates on brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form					
Well ID: 726		Well Name: LF3-09			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: CFA			Institutional control		
Directions to the well: South of Landfill 3			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap			Yes	No	Datum: WGS 84
Locking well head present?	X			GPS grade:	Datum:
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?		X		List the photograph numbers: 0057	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Protective posts need paint. Needs a casing label.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 727		Well Name: LF3-10				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: West of Landfill 3			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X (brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X		X	List the photograph numbers: 0039		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Needs paint on casing and one post. Needs a new label.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	



Well Surveillance Field Form					
Well ID: 257		Well Name: PW-1			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: East side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?		X*		Was the well photographed?	No
If yes, are post painted yellow?		X		List the photograph numbers: 0104	
*Located in a protective well house.					
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs a new label.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 258		Well Name: PW-2				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South side of old Perc Ponds			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?		X
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0114		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: None						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form					
Well ID: 259		Well Name: PW-3			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North side of old Perc Ponds			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0117	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?		X		If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: None					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 260		Well Name: PW-4			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South side of old Perc Ponds			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap			Yes	No	Datum: WGS 84
Locking well head present?	X			GPS grade:	Datum:
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0115	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: No coordinates on brass cap.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 261		Well Name: PW-5			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: On berm inside of old Perc Ponds fence			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?		X		Was the well photographed?	No
If yes, are post painted yellow?		X		List the photograph numbers: 0118	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Label on casing should be replaced. Needs a brass cap.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 262		Well Name: PW-6			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: North side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap			Yes	No	Datum: WGS 84
Locking well head present?	X			GPS grade:	Datum:
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0105	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?		X		If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: None.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 1132		Well Name: RWMC-MON-A-066 (OW-2)			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: RWMC			Institutional control		
Directions to the well: South of RWMC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap			Yes	No	Datum: WGS 84
Locking well head present?	X			GPS grade:	Datum:
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?		X		Was the well photographed?	X
If yes, are post painted yellow?		X		List the photograph numbers: 0061, 0062	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Pad is cracked and should be replaced. Needs protective posts.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 349		Well Name: TAN-11			
Date of Inspection: 10/26/05			Purpose of Surveillance		
Facility/Location: TAN			Institutional control		
Directions to the well: South of TAN			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap			Yes	No	Datum: WGS 84
Locking well head present?	X			GPS grade:	Datum:
Accessible without unlocking?	X				
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?			X	List the photograph numbers: 0095	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Minor cracks in pad. Protective posts need paint. Cap could be removed by unbolting the hinge.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:



Well Surveillance Field Form					
Well ID: 748		Well Name: TAN-12			
Date of Inspection: 10/26/05			Purpose of Surveillance		
Facility/Location: TAN			Institutional control		
Directions to the well: South of TAN			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?	X			Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap			Yes	No	Datum: WGS 84
Locking well head present?	X			GPS grade:	Datum:
Accessible without unlocking?	X				
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?			X	List the photograph numbers: 0096, 0097	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs a new pad. Protective posts need paint. Cap could be removed by unbolting the hinge.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 560		Well Name: USGS-111				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0056		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: No coordinates on brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 561		Well Name: USGS-112				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0050		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Hinge on well head needs to be replaced. No coordinates on the brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 562		Well Name: USGS-113				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0051		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: None						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 563		Well Name: USGS-114			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap	Yes	No	Datum: WGS 84		Datum:
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0052		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: No coordinates on brass cap.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID:		Well Name: USGS-115			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?			X	Easting:	Easting:
Well Name present?	X (Brass cap only)			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?		X		Datum:	
Accessible without unlocking?			X	GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?		X		Is an electrical plug present?	X
Was well locked on departure?		X			
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?		X		Was the well photographed?	X
If yes, are post painted yellow?		X		List the photograph numbers: 0053	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?		X		Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?		X		If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs a label on the casing. Pump cable splice should be taped. No coordinates on brass cap.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID:		Well Name: USGS-116			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Southeast of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap	Yes	No	Datum: WGS 84		Datum:
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0054		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: No coordinates on brass cap.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID:		Well Name: USGS-121			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: North of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap		Yes	No	Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes No
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes No
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0059	
Surface Pad		Yes	No	Survey	Yes No
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: No coordinates on brass cap. No plug on access line.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:



Well Surveillance Field Form					
Well ID:		Well Name: USGS-122			
Date of Inspection: 10/18/05		Purpose of Surveillance			
Facility/Location: INTEC		Institutional control			
Directions to the well: South of INTEC		X Routine surveillance			
		Other (specify below)			
Identification	Yes	No	Coordinates		
Is well labeled?	X		GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X	Easting:	Easting:	
Well Name present?	X		Northing:	Northing:	
			Projection: UTM	Projection:	
Locking well cap	Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X		GPS grade:		
Accessible without unlocking?		X			
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?		X
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X		Was the well photographed?	X	
If yes, are post painted yellow?	X		List the photograph numbers: 0073		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?		X	If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: None					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID:		Well Name: USGS-123				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: ICDF			Institutional control			
Directions to the well: East side of ICDF			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0102		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Needs a label on the surface casing.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID:		Well Name: USGS-124				
Date of Inspection: 10/26/05			Purpose of Surveillance			
Facility/Location: WAG 10			Institutional control			
Directions to the well: East of Big Southern Butte			X	Routine surveillance		
				Other (specify below)		
Identification		Yes	No	Coordinates		
Is well labeled?		X		GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?			X	Easting:	Easting:	
Well Name present?		X		Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?		X		GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?		X		Is an electrical plug present?	X	
Was well locked on departure?		X				
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?		X (wooden fence)		Was the well photographed?	X	
If yes, are post painted yellow?			X	List the photograph numbers: 0090		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?		X		Is a survey marker present?		X
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Needs a brass cap and a new label.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID:		Well Name: USGS-128				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: North of Landfill 3			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?			X	GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?			X	Easting:	Easting:	
Well Name present?			X	Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?		X		GPS grade:		
Accessible without unlocking?			X			
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?		X		Is an electrical plug present?	X	
Was well locked on departure?		X				
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?			X	Was the well photographed?	X	
If yes, are post painted yellow?			X	List the photograph numbers: 0042		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?		X		Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: No label, no protective posts. No coordinates, name or ID number on brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID:463		Well Name: USGS-14			
Date of Inspection: 10/26/05			Purpose of Surveillance		
Facility/Location: WAG 10			Institutional control		
Directions to the well: South of Big Southern Butte			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap			Yes	No	Datum: WGS 84
Locking well head present?	X			GPS grade:	Datum:
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X (wooden fence)			Was the well photographed?	X
If yes, are post painted yellow?		X		List the photograph numbers: 0091, 0092	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Well cap (box style) should be replaced, due to holes (vandalism).					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 483		Well Name: USGS-34				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0045		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Pump cable splice should be taped during next visit, sampling, or maintenance event. No coordinates on brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			

<b>Signature:</b>		<b>Date:</b>		<b>Signature:</b>		<b>Date:</b>	
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Well Surveillance Field Form						
<b>Well ID: 482</b>			<b>Well Name: USGS-33</b>			
<b>Date of Inspection:</b> 10/17/05			<b>Purpose of Surveillance</b>			
<b>Facility/Location:</b> INTEC			Institutional control			
<b>Directions to the well:</b> West of INTEC			X Routine surveillance			
			Other (specify below)			
<b>Identification</b>		<b>Yes</b>	<b>No</b>	<b>Coordinates</b>		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
<b>Locking well cap</b>	<b>Yes</b>	<b>No</b>		Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
<b>Locks</b>	<b>Yes</b>	<b>No</b>		<b>Electrical</b>	<b>Yes</b>	<b>No</b>
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
<b>Protective Posts</b>	<b>Yes</b>	<b>No</b>		<b>Photographs</b>	<b>Yes</b>	<b>No</b>
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0046		
<b>Surface Pad</b>	<b>Yes</b>	<b>No</b>		<b>Survey</b>	<b>Yes</b>	<b>No</b>
Is a concrete pad present?	X			Is a survey marker present?	X	
<b>Overall Condition</b>	<b>Yes</b>	<b>No</b>				
Maintenance required?	X			<b>If yes, describe required maintenance below.</b>		
Is wellhead integrity compromised?		X		<b>If yes, describe required immediate maintenance below.</b>		
<b>General Maintenance Comments:</b> Pump cable splice should be taped during next visit, sampling, or maintenance event. No coordinates on brass cap.						
<b>Immediate Maintenance Requirement (if necessary):</b> None						
<b>Checklist prepared by (print)</b>			<b>Checklist reviewed by (print)</b>			

<b>Signature:</b>		<b>Date:</b>		<b>Signature:</b>		<b>Date:</b>	
<b>Well Surveillance Field Form</b>							
<b>Well ID: 485</b>				<b>Well Name: USGS-36</b>			
<b>Date of Inspection: 10/17/05</b>				<b>Purpose of Surveillance</b>			
<b>Facility/Location: INTEC</b>				Institutional control			
<b>Directions to the well: West of INTEC</b>				X Routine surveillance			
				Other (specify below)			
<b>Identification</b>		<b>Yes</b>	<b>No</b>	<b>Coordinates</b>			
Is well labeled?	X			GPS Coordinates (optional)		Data Base Coordinates (optional)	
Well ID present?		X		Easting:		Easting:	
Well Name present?	X			Northing:		Northing:	
				Projection: UTM		Projection:	
<b>Locking well cap</b>	<b>Yes</b>	<b>No</b>		Datum: WGS 84		Datum:	
Locking well head present?	X			GPS grade:			
Accessible without unlocking?		X					
<b>Locks</b>	<b>Yes</b>	<b>No</b>		<b>Electrical</b>	<b>Yes</b>	<b>No</b>	
Was well locked on arrival?	X			Is an electrical plug present?	X		
Was well locked on departure?	X						
<b>Protective Posts</b>	<b>Yes</b>	<b>No</b>		<b>Photographs</b>	<b>Yes</b>	<b>No</b>	
Are protective posts present?	X			Was the well photographed?	X		
If yes, are post painted yellow?	X			List the photograph numbers: 0044			
<b>Surface Pad</b>	<b>Yes</b>	<b>No</b>		<b>Survey</b>	<b>Yes</b>	<b>No</b>	
Is a concrete pad present?	X			Is a survey marker present?	X		
<b>Overall Condition</b>	<b>Yes</b>	<b>No</b>					
Maintenance required?	X			<b>If yes, describe required maintenance below.</b>			
Is wellhead integrity compromised?		X		<b>If yes, describe required immediate maintenance below.</b>			
<b>General Maintenance Comments:</b> No coordinates on brass cap.							
<b>Immediate Maintenance Requirement (if necessary):</b> None							
<b>Checklist prepared by (print)</b>				<b>Checklist reviewed by (print)</b>			
<b>Signature:</b>		<b>Date:</b>		<b>Signature:</b>		<b>Date:</b>	



Well Surveillance Field Form						
Well ID: 486		Well Name: USGS-37				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: Southwest of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0043		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Pump cable splice could be taped during next visit, sampling or maintenance event. No coordinates on brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form					
Well ID: 487		Well Name: USGS-38			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Southwest of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?			X (see note below)	Is an electrical plug present?	X
Was well locked on departure?			X (see note below)		
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?		X (only 2)		Was the well photographed?	X
If yes, are post painted yellow?		X		List the photograph numbers: 0048	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?		X		Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?		X		If yes, describe required maintenance below.	
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.	
General Maintenance Comments: Well was visited during well maintenance/logging by USGS, so well was not locked during surveillance visit. Needs third protective post.					
No coordinates on the brass cap.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 488		Well Name: USGS-39				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0047		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: None						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form					
Well ID: 489		Well Name: USGS-40			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Needs a new pad.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 490		Well Name: USGS-41				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West side of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?			X	GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?			X	Easting:	Easting:	
Well Name present?			X	Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?		X		Datum:		
Accessible without unlocking?			X	GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?		X		Is an electrical plug present?	X	
Was well locked on departure?		X				
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?		X		Was the well photographed?		X
If yes, are post painted yellow?		X		List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?		X		Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?			X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Needs a new pad. Needs to be labeled.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 491		Well Name: USGS-42				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West side of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped. Needs a new pad. Pump cable splice should be taped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 492		Well Name: USGS-43				
Date of Inspection: 10/18/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0063		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: None						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form					
Well ID: 493		Well Name: USGS-44			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap			Yes	No	Datum: WGS 84
Locking well head present?	X			GPS grade:	Datum:
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0066	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Plug needs to be wired to pump cable.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:



Well Surveillance Field Form						
Well ID: 494		Well Name: USGS-45				
Date of Inspection: 10/18/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0067		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap needs to be stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form					
Well ID: 495		Well Name: USGS-46			
Date of Inspection: 10/18/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0065	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Plug needs to be wired to pump cable. Needs a label.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 497		Well Name: USGS-48				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: South end of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0121		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Name only on the brass cap. Plug needs to be attached to pump cable.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID:498		Well Name: USGS-49			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: East side of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X			
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0098	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?		X		If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: None.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID:499		Well Name: USGS-50			
Date of Inspection: 10/20/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: Center of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	*
Was well locked on departure?	X			Rad well—not opened during surveillance.	
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: NA	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Brass cap not stamped. Needs a new pad.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form					
Well ID: 500		Well Name: USGS-51			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: West of old Perc Ponds fence			X	Routine surveillance	
				Other (specify below)	
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap	Yes	No		Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks	Yes	No		Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts	Yes	No		Photographs	Yes
Are protective posts present?		X		Was the well photographed?	X
If yes, are post painted yellow?		X		List the photograph numbers: 0119, 120	
Surface Pad	Yes	No		Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition	Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Minor cracks in pad, but it is in good condition. Brass cap not stamped.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 501		Well Name: USGS-52				
Date of Inspection: 10/20/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: East side of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?		X
If yes, are post painted yellow?	X			List the photograph numbers: NA		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Brass cap not stamped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 506		Well Name: USGS-57			
Date of Inspection: 10/27/05			Purpose of Surveillance		
Facility/Location: ICDF			Institutional control		
Directions to the well: South side of ICDF			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X (Brass cap only)			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	No
Was well locked on departure?	X				X
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X (only 2)			Was the well photographed?	No
If yes, are post painted yellow?	X			List the photograph numbers: 0099	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	No
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs a new label on the casing and a third protective post.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:



Well Surveillance Field Form					
Well ID: 508		Well Name: USGS-59			
Date of Inspection: 10/18/05		Purpose of Surveillance			
Facility/Location: INTEC		Institutional control			
Directions to the well: South of INTEC		X Routine surveillance			
		Other (specify below)			
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
				Projection: UTM	Projection:
Locking well cap	Yes	No		Datum: WGS 84	Datum:
Locking well head present?	X			GPS grade:	
Accessible without unlocking?		X			
Locks	Yes	No		Electrical	Yes No
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts	Yes	No		Photographs	Yes No
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers: 0074	
Surface Pad	Yes	No		Survey	Yes No
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition	Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: Needs plug wired to pump cable.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID: 516		Well Name: USGS-67				
Date of Inspection: 10/27/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: East of old Perc Ponds			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0116		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?		X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: None						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 526		Well Name: USGS-77			
Date of Inspection: 10/17/05			Purpose of Surveillance		
Facility/Location: INTEC			Institutional control		
Directions to the well: South of INTEC			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap		Yes	No	Datum: WGS 84	
Locking well head present?	X			Datum:	
Accessible without unlocking?		X		GPS grade:	
Locks		Yes	No	Electrical	Yes
Was well locked on arrival?	X			Is an electrical plug present?	X
Was well locked on departure?	X				
Protective Posts		Yes	No	Photographs	Yes
Are protective posts present?	X			Was the well photographed?	X
If yes, are post painted yellow?	X			List the photograph numbers:	
Surface Pad		Yes	No	Survey	Yes
Is a concrete pad present?	X			Is a survey marker present?	X
Overall Condition		Yes	No		
Maintenance required?	X			If yes, describe required maintenance below.	
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.	
General Maintenance Comments: No coordinates on brass cap. No photo as camera batteries died.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:

Well Surveillance Field Form						
Well ID:531		Well Name: USGS-82				
Date of Inspection: 10/18/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: East of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0060		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Pump cable should be re-taped.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)				Checklist reviewed by (print)		
Signature:		Date:		Signature:		Date:

Well Surveillance Field Form						
Well ID: 533		Well Name: USGS-84				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: INTEC			Institutional control			
Directions to the well: West of INTEC			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
				Projection: UTM	Projection:	
Locking well cap		Yes	No	Datum: WGS 84	Datum:	
Locking well head present?	X			GPS grade:		
Accessible without unlocking?		X				
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0049		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: Pump cable should be re-spliced and taped. No coordinates on the brass cap.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form						
Well ID: 534		Well Name: USGS-85				
Date of Inspection: 10/17/05			Purpose of Surveillance			
Facility/Location: CFA			Institutional control			
Directions to the well: West of Landfill 3			X Routine surveillance			
			Other (specify below)			
Identification		Yes	No	Coordinates		
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)	
Well ID present?		X		Easting:	Easting:	
Well Name present?	X			Northing:	Northing:	
			Projection: UTM		Projection:	
Locking well cap		Yes	No	Datum: WGS 84		
Locking well head present?	X			Datum:		
Accessible without unlocking?		X		GPS grade:		
Locks		Yes	No	Electrical	Yes	No
Was well locked on arrival?	X			Is an electrical plug present?	X	
Was well locked on departure?	X					
Protective Posts		Yes	No	Photographs	Yes	No
Are protective posts present?	X			Was the well photographed?	X	
If yes, are post painted yellow?	X			List the photograph numbers: 0040		
Surface Pad		Yes	No	Survey	Yes	No
Is a concrete pad present?	X			Is a survey marker present?	X	
Overall Condition		Yes	No			
Maintenance required?	X			If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X		If yes, describe required immediate maintenance below.		
General Maintenance Comments: No coordinates on brass cap. Needs well ID on label.						
Immediate Maintenance Requirement (if necessary): None						
Checklist prepared by (print)			Checklist reviewed by (print)			
Signature:		Date:	Signature:		Date:	

Well Surveillance Field Form					
Well ID: 535		Well Name: USGS-86			
Date of Inspection: 10/26/05			Purpose of Surveillance		
Facility/Location: WAG 10			Institutional control		
Directions to the well: West of Big Southern Butte (T-1 Road)			X Routine surveillance		
			Other (specify below)		
Identification		Yes	No	Coordinates	
Is well labeled?	X			GPS Coordinates (optional)	Data Base Coordinates (optional)
Well ID present?		X		Easting:	Easting:
Well Name present?	X			Northing:	Northing:
			Projection: UTM		Projection:
Locking well cap	Yes	No	Datum: WGS 84		Datum:
Locking well head present?	X		GPS grade:		
Accessible without unlocking?	X				
Locks	Yes	No	Electrical	Yes	No
Was well locked on arrival?	X		Is an electrical plug present?	X	
Was well locked on departure?	X				
Protective Posts	Yes	No	Photographs	Yes	No
Are protective posts present?	X (wooden fence)		Was the well photographed?	X	
If yes, are post painted yellow?		X	List the photograph numbers: 0093, 0094		
Surface Pad	Yes	No	Survey	Yes	No
Is a concrete pad present?	X		Is a survey marker present?	X	
Overall Condition	Yes	No			
Maintenance required?	X		If yes, describe required maintenance below.		
Is wellhead integrity compromised?		X	If yes, describe required immediate maintenance below.		
General Maintenance Comments: Well cap (box style) needs a hinge replaced. Currently one hinge is held in place with wire.					
Immediate Maintenance Requirement (if necessary): None					
Checklist prepared by (print)			Checklist reviewed by (print)		
Signature:		Date:	Signature:		Date:





# **Appendix B**

## **Well Modification Logs**



## WELL MODIFICATION LOG

Well Name: ARA-M0N-A-004 Well ID No.: 1007 Start Date: 11/16/04 End Date: 11/17/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
 Reason for modification: Replace Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-30
Serial No.:	04F-18-22-3075
Pump Length:	61 in.
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	5 hp
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	3 phase
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:
Operating Amp:	
Comments:	

## WELL MODIFICATION LOG

Well Name: ARA-MON-A-03A Well ID No.: 1006 Start Date: 11/9/04 End Date: 11/10/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, L. Roserio, J. Cook Logbook No.: ER-199-2004  
 Reason for modification: Replace pump. Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos,
Model No.:	16S50-38
Serial No.:	B10110039
Pump Length:	61 ¼ in
Top of Pump:	636.8 ft bls
Bottom of Pump:	638.72 ft bls
Inlet Depth:	641.9 ft bls
Horse Power:	5
Flow Rate:	16gpm@ 813 ft
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	596.8 ft b;s

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-001 Well ID No.: 450 Start Date: 6/20/05 End Date: 7/7/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Gordon Logbook No.: ER-132-2005  
 Reason for modification: Replace water level access line, remove sand from bottom of well Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☒ No ☐

Date: 6/22/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left and a discharge line on the right. The water level is indicated by a downward arrow and a horizontal line. The pump intake depth is marked at the bottom of the discharge line. The well access line is capped at the bottom. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake Depth', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: USGS-002 Well ID No.: 451 Start Date: 6/16/05 End Date: 6/28-05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Gordon, Jensen, Shibley, Cook Logbook No.: ER-132-2005  
 Reason for modification: Pull pipe and pump, replace pipe, remove debris. Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	stainless steel
Diameter:	1.25 ft
Height Above Ground: (Stick up)	
Depth BLS:	682.1 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	662 ft

Video Logs: Yes ☒ No ☐

Date: 6/21/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	5.1 ft
Top of Pump:	682.1 ft
Bottom of Pump:	687.2 ft
Inlet Depth:	685 ft
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-101 Well ID No.: 550 Start Date: 6/15/05 End Date: 7/14/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Gordon, Jensen, Shibley, Cook Logbook No.: ER-132-2005  
 Reason for modification: Replace pipe, bail out well Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-104 Well ID No.: 553 Start Date: 10/05/05 End Date: 10/18/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Gordon, Jensen, Oberhansley Logbook No.: ER-113-2005  
Reason for modification: Install new pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	585.3

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	564.3 ft

Video Logs: Yes ☒ No ☐

Date: 10/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	02D18010340
Pump Length:	5.1 ft
Top of Pump:	585.3 ft
Bottom of Pump:	590.4 ft
Inlet Depth:	588.6 ft
Horse Power:	5
Flow Rate:	16
Head:	
Volts, Amps, KW:	230V,
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-110 Well ID No.: 559 Start Date: 10/04/05 End Date: 10/13/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Jensen, Oberhansley Logbook No.: ER-113-2005  
Reason for modification: Install new pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ½ in
Height Above Ground: (Stick up)	
Depth BLS:	611 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in
Height Above Ground: (Stick up)	
Depth BLS:	586 ft

Video Logs: Yes ☒ No ☐

Date: 10/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05B1803535
Pump Length:	5.1 ft
Top of Pump:	611 ft
Bottom of Pump:	616.1 ft
Inlet Depth:	614.3 ft
Horse Power:	5
Flow Rate:	16 gpm
Head:	
Volts, Amps, KW:	230V,
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: ICPP-1782 Well ID No.: 1782 Start Date: 5/25/05 End Date: 5/25/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Lower pump 10 ft Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	486 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	486 ft
Bottom of Pump:	489.5 ft
Inlet Depth:	488.5 ft
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-1783 Well ID No.: 1783 Start Date: 5/25/05 End Date: 5/25/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Lower pump 10 ft Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	488.8 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'. Below the diagram, there are fields for 'Discharge Line Material', 'WL Access Line Material', 'Guage of Pump Wire', 'WL Access Line Capped', 'Water Level (approx)', and 'New Well Survey Needed'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	488.8 ft
Bottom of Pump:	492.3 ft
Inlet Depth:	491.3 ft
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-1800 Well ID No.: 1800 Start Date: 5/25/05 End Date: 5/25/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Lower pump 10 ft Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	486.1 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	486.1 ft
Bottom of Pump:	489.6 ft
Inlet Depth:	488.6 ft
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-1829 Well ID No.: 1829 Start Date: 5/25/05 End Date: 5/25/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Lower pump 10 ft Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	486.3 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	486.3 ft
Bottom of Pump:	489.8 ft
Inlet Depth:	488.8 ft
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: ICPP-1831 Well ID No.: 1831 Start Date: 5/25/05 End Date: 5/25/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Hayes, Jensen, Cook Logbook No.: ER-132-2005  
 Reason for modification: Lower pump 10 ft Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	486 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	486 ft
Bottom of Pump:	489.5 ft
Inlet Depth:	488.5 ft
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-MON-P-001 Well ID No.: 1057 Start Date: 11/8/04 End Date: 5/17/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
 Reason for modification: Replace pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Rediflow3
Model No.:	2343162604
Serial No.:	03F18-23-3390
Pump Length:	52 in.
Top of Pump:	329.2 ft
Bottom of Pump:	333.5 ft
Inlet Depth:	332.2 ft
Horse Power:	3
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-MON-P-019 Well ID No.: 1187 Start Date: 11/9/04 End Date: 11/9/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
 Reason for modification: Pull the pump and line Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'. Below the diagram, there are fields for 'Discharge Line Material', 'WL Access Line Material', 'Guage of Pump Wire', 'WL Access Line Capped', 'Water Level (approx)', and 'New Well Survey Needed'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-MON-P-024 Well ID No.: 1093 Start Date: 10/25/04 End Date: 10/25/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Jensen, Anderson Logbook No.: ER-199-2004  
 Reason for modification: Pump to be lowered 3 feet Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	72.9 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	72.9 ft.
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: PW-3 Well ID No.: 259 Start Date: 5/24/05 End Date: 5/24/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson,H. Jensen, J. Cook Logbook No.: ER-132-2005  
Reason for modification: Install pipe, pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	25.25 in.
Depth BLS:	354.9 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	25.25 in.
Depth BLS:	334.9 ft

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Discharge Line

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

cap

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	
Pump Length:	61 in.
Top of Pump:	354.9 ft
Bottom of Pump:	359.9 ft
Inlet Depth:	357.9 ft
Horse Power:	5
Flow Rate:	16
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-047 Well ID No.: 496 Start Date: 9/29/05 End Date: 10/5/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Gordon, Jensen, Oberhansley Logbook No.: ER-113-2005  
 Reason for modification: Extend the well casing, replace pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	6 in.
Height Above Ground: (Stick up)	4 in. below grade
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05B18150830
Pump Length:	5.1 ft
Top of Pump:	483.0 ft
Bottom of Pump:	488.1 ft
Inlet Depth:	486.0 ft
Horse Power:	5
Flow Rate:	16
Head:	
Volts, Amps, KW:	230 V, 15.9 Amps
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-050 Well ID No.: 499 Start Date: 11/4/04 End Date: 11/5/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
 Reason for modification: Replace Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	Raised to 3.65 ft
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	10S30-34
Serial No.:	04B064020
Pump Length:	55 in.
Top of Pump:	386.7 ft
Bottom of Pump:	391.2 ft
Inlet Depth:	389.4 ft
Horse Power:	3
Flow Rate:	
Head:	
Volts, Amps, KW:	230 V
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-052 Well ID No.: 501 Start Date: 11/9/05 End Date: 11/9/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: H. Jensen, L. Roserio, J. Cook Logbook No.: ER-199-2004  
 Reason for modification: Remove pump and pipeline. Replace pump. Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'. Below the diagram, there are fields for 'Discharge Line Material', 'WL Access Line Material', 'Guage of Pump Wire', 'WL Access Line Capped', 'Water Level (approx)', and 'New Well Survey Needed'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: USGS-059 Well ID No.: 508 Start Date: 10/26/04 End Date: 10/28/04  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: h. Jensen, Tony Anderson Logbook No.: Er-199-2004  
Reason for modification: Replace pump and galvanized pipe Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS	477 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	467 ft

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04E18 24-0745
Pump Length:	5 ft
Top of Pump:	477 ft
Bottom of Pump:	482 ft
Inlet Depth:	480 ft
Horse Power:	5
Flow Rate:	23 gpm
Head:	
Volts, Amps, KW:	230/15.9
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-067 Well ID No.: 516 Start Date: 10/28/04 End Date: 11/29/04  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Hayes Jensen, Tony Anderson, Joe Cook Logbook No.: ER-199-2004  
Reason for modification: Replace pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Transcribed from logbook

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump is shown at the bottom of the discharge line, with its intake depth marked. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake Depth', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04f18 08-0835
Pump Length:	5.1 ft
Top of Pump:	490 ft
Bottom of Pump:	495.1 ft
Inlet Depth:	487.4 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-122 Well ID No.: 571 Start Date: 10/28/04 End Date: 10/28/04  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: H. Jensen, T. Anderson, J. Cook Logbook No.: ER-199-2004  
Reason for modification: Pull Pump, pipeline Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-131 Well ID No.: 1837 Start Date: 10/05/05 End Date: 10/25/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Peck, Rosario, Oberhansley Logbook No.: ER-113-2005  
 Reason for modification: Clean out Well Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	610.4 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	599.8 ft

Video Logs: Yes ☒ No ☐

Date: 10/17/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Discharge Line

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

cap

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	O5D18 14 2650
Pump Length:	5.1 ft
Top of Pump:	610.4 ft
Bottom of Pump:	615.5 ft
Inlet Depth:	613.7 ft
Horse Power:	5
Flow Rate:	16
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: CFA-1931 Well ID No.: 1931 Start Date: 10/27/05 End Date: 10/27/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, L. Rosario, G. Oberhansley Logbook No.: ER-113-2005  
 Reason for modification: Replace Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05B181135
Pump Length:	61 in.
Top of Pump:	505 ft
Bottom of Pump:	510.1 ft
Inlet Depth:	508.3 ft
Horse Power:	5
Flow Rate:	16gpm
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: FIRE STATION WELL Well ID No.: 158 Start Date: 12/3/04 End Date: 3/22/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: \_\_\_\_\_ Logbook No.: ER-132-2005  
Reason for modification: Install water level access line Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in
Height Above Ground: (Stick up)	2.1 ft
Depth BLS:	449.1 ft

Video Logs: Yes ☒ No ☐

Date: 3/21/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left and a discharge line on the right. The well access line is capped at the bottom. The discharge line is connected to a pump intake at the bottom. The water level is indicated by a horizontal line with a downward arrow. The pump intake depth is marked at the bottom of the discharge line. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake Depth', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Hitachi
Model No.:	G89947E
Serial No.:	
Pump Length:	6 ft
Top of Pump:	480.8 ft
Bottom of Pump:	486.8 ft
Inlet Depth:	483.9 ft
Horse Power:	15
Flow Rate:	85
Head:	
Volts, Amps, KW:	21/42/ Amps
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-MON-A-164B Well ID No.: 1349 Start Date: 11/30/04 End Date: 3/21/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Tony Anderson, T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Blow out well, replace pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Gauge of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow 2
Serial No.:	96033715
Pump Length:	37.75 in.
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	1
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	1
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-MON-A-164C Well ID No.: 1350 Start Date: 6/8/05 End Date: 6/8/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D Gordon, H. Jensen, J. Cook Logbook No.: ER-132-2005  
Reason for modification: Remove pump and pipe. Install pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? ☒ Yes    No ☐    If Yes, was pump returned to original depth?    Yes ☐    No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	230 S 400-12
Serial No.:	
Pump Length:	9 ft
Top of Pump:	509.8 ft
Bottom of Pump:	518.8 ft
Inlet Depth:	515.1 ft
Horse Power:	40
Flow Rate:	230
Head:	
Volts, Amps, KW:	480 V
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: ICPP-MON-A-166 Well ID No.: 1352 Start Date: 10/25/04 End Date: 10/26/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: L. Rosario, H. Jensen, T. Anderson Logbook No.: ER-199-2004  
 Reason for modification: \_\_\_\_\_ Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	521.43 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04F 18 020700
Pump Length:	62 in
Top of Pump:	521.43
Bottom of Pump:	526.53 ft
Inlet Depth:	524.43 ft
Horse Power:	5
Flow Rate:	16
Head:	
Volts, Amps, KW:	230 V, 15.9 A
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-MON-A-167 Well ID No.: 1383 Start Date: 4/6/05 End Date: 4/7/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: L. Rosario, H. Jensen, T. Anderson Logbook No.: ER-113-2005  
 Reason for modification: Replace pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	497.3 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? ☒ Yes    No ☐    If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
cap  
Depth: \_\_\_\_\_ ft

Discharge Line  
Pump Intake Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_ WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)  
WL Access Line Material: \_\_\_\_\_ Water Level (approx): \_\_\_\_\_ ft  
Gauge of Pump Wire: \_\_\_\_\_ New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	
Pump Length:	5.1 ft
Top of Pump:	497.3 ft
Bottom of Pump:	502.4 ft
Inlet Depth:	500.6 ft
Horse Power:	5
Flow Rate:	16 gpm
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: ICPP-MON-V-212 Well ID No.: 1425 Start Date: 10/31/05 End Date: 11/10/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Jensen, Anderson Logbook No.: ER-113-2004  
Reason for modification: Install pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in.
Height Above Ground: (Stick up)	
Depth BLS:	242.9 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☒ No ☐

Date: 11/4/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'. Below the diagram, there are fields for 'Discharge Line Material', 'WL Access Line Material', 'Guage of Pump Wire', 'WL Access Line Capped', 'Water Level (approx)', and 'New Well Survey Needed'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersibl
Manufacture:	Grundfos
Model No.:	10S30-34
Serial No.:	05D 18 1665
Pump Length:	51.5 in.
Top of Pump:	242.9 ft
Bottom of Pump:	247.2 ft
Inlet Depth:	245.7 ft
Horse Power:	3
Flow Rate:	10
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: Water Supply for INEL-1 Well ID No.: 595 Start Date: 11/24/04 End Date: 5/10/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
Reason for modification: Clean out well deposits and replace the pump and pipe. Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	480.4 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☒ No ☐

Date: 11/24/04, 5/10/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	B10110038
Pump Length:	61 in
Top of Pump:	480.4 ft
Bottom of Pump:	485.1
Inlet Depth:	483 ft
Horse Power:	5
Flow Rate:	16 gpm
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: MIDDLE-1823 Well ID No.: 1823 Start Date: 6/9/05 End Date: 6/9/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D. Gordon, H. Jensen Logbook No.: ER-132-2005  
Reason for modification: Install pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

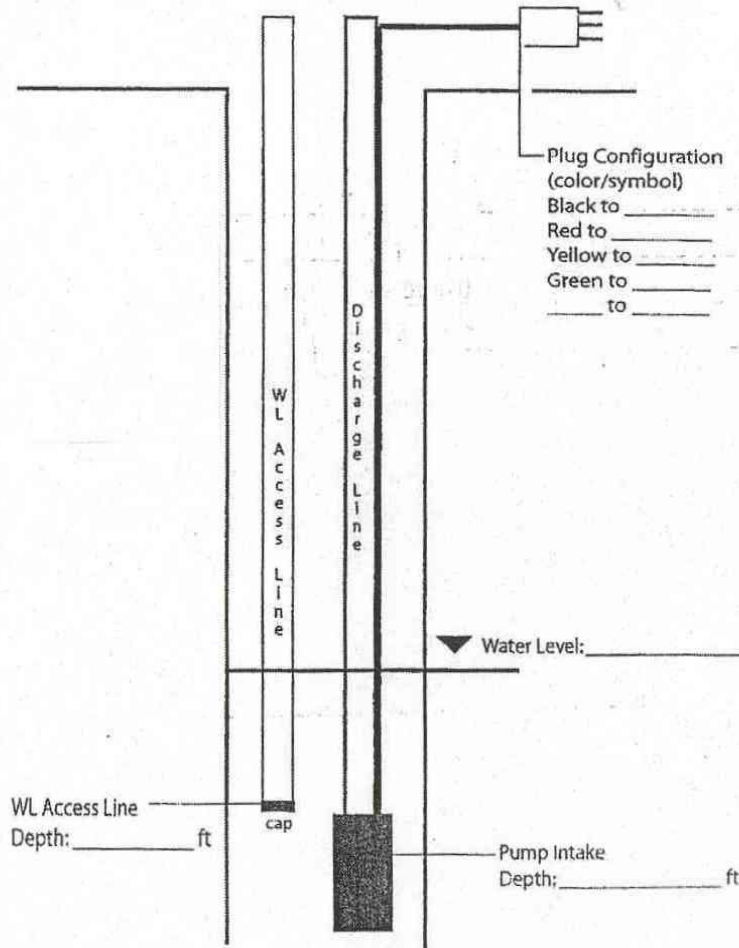
Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐



Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04H18 18 0880
Pump Length:	5 ft
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	15.9 Amps
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TRA-08 Well ID No.: 732 Start Date: 10/4/05 End Date: 10/31/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: \_\_\_\_\_ Logbook No.: ER-113-2005  
 Reason for modification: Replace pump, clean out well. Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	492.9 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	483 ft

Video Logs: Yes ☒ No ☐

Date: 10/18/05

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	10S30-34
Serial No.:	05A18 17 1320
Pump Length:	4.5 ft
Top of Pump:	492.9 ft
Bottom of Pump:	497.2 ft
Inlet Depth:	495.6 ft
Horse Power:	3
Flow Rate:	10 gpm
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-038 Well ID No.: 487 Start Date: 10/03/05 End Date: 10/24/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Peck, Rosario, Oberhansley Logbook No.: ER-113-2005  
 Reason for modification: Clean out obstruction, replace pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ½ in.
Height Above Ground: (Stick up)	
Depth BLS:	644.6 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☒ No ☐

Date: 10/5/05

Deviation Logs: Yes ☒ No ☐

Date: 10/5/05

Other Geologic Logs: Yes ☒ No ☐

Date: 10/5/05

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-39
Serial No.:	04E18 19 0985
Pump Length:	5.1 ft
Top of Pump:	644.6 ft
Bottom of Pump:	649.7 ft
Inlet Depth:	647.7 ft
Horse Power:	5
Flow Rate:	16
Head:	
Volts, Amps, KW:	230 V, 15.9 Amps
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	627.7 ft

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-039 Well ID No.: 488 Start Date: 11/30/04 End Date: 12/2/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Tony Anderson, T. Anderson, Hayes Jensen. J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Add 4' to pump line and water level access line Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	494 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Galvanized Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	484 ft

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Discharge Line

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

cap

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	494 ft
Bottom of Pump:	499.1 ft
Inlet Depth:	496.5 ft
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: USGS-112 Well ID No.: 561 Start Date: 10/29/04 End Date: 11/22/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Hayes Jensen, Tony Anderson, Joe Cook Logbook No.: ER-199-2004  
 Reason for modification: Replace pump and galvanized steel lines Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless steel
Diameter:	1 ½ in.
Height Above Ground: (Stick up)	
Depth BLS:	494.9 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04F18080860
Pump Length:	61 in
Top of Pump:	494.9 ft
Bottom of Pump:	500 ft
Inlet Depth:	497.5 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	230/17.8
Phase:	3/60hz
Motor Leads Subm Cable:	
Check Valve Removed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-121 Well ID No.: 570 Start Date: 11/29/04 End Date: 12/3/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Replace pump, access line and riser line Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	468 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Galvanized Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☒ No ☐

Date: 11/30/04

Deviation Logs: Yes ☒ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	10S30-34
Serial No.:	03K1A 16 3470
Pump Length:	55 in.
Top of Pump:	468.4 ft
Bottom of Pump:	473 ft
Inlet Depth:	471 ft
Horse Power:	3
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-128 Well ID No.: 1413 Start Date: 11/15/04 End Date: 11/16/04  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
Reason for modification: Replace pump, pipe wiring Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	529 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	519 ft

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04F18-0980
Pump Length:	5.1 ft
Top of Pump:	529 ft
Bottom of Pump:	534.1 ft
Inlet Depth:	531.5
Horse Power:	5
Flow Rate:	16 gpm
Head:	
Volts, Amps, KW:	15.9 amps
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-OBS-A-127 Well ID No.: 1347 Start Date: 12/2/04 End Date: 12/2/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Break loose ice blockage Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: RWMC-MON-A-162 Well ID No.: 1327 Start Date: 11/10/04 End Date: 11/10/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Jensen, Lopez, J. Cook, G. Oberhansley Logbook No.: ER-199-2004  
 Reason for modification: Remove pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: SOUTH-MON-A-001 Well ID No.: 1212 Start Date: 10/11/05 End Date: 10/12/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-113-2005  
 Reason for modification: Replace Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05D18 14 2465
Pump Length:	61 in.
Top of Pump:	607.8 ft
Bottom of Pump:	612.9 ft
Inlet Depth:	611.1 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	230 V, 60 Hz
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	593

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: SOUTH-MON-A-004 Well ID No.: 1215 Start Date: 11/17/04 End Date: 11/18/04  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
Reason for modification: Replace Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	04F18-08-0780
Pump Length:	61 in.
Top of Pump:	633
Bottom of Pump:	638.1 ft
Inlet Depth:	636.1 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	230 V, 60 Hz
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-105 Well ID No.: 554 Start Date: 6/20/05 End Date: 6/30/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Gordon, Shibley, Cook Logbook No.: ER-132-2005  
Reason for modification: Replace pipe Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	700 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	695 ft

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: USGS-108 Well ID No.: 557 Start Date: 6/21/05 End Date: 7/5/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Gordon Shibley, Cook Logbook No.: ER-132-2005  
Reason for modification: Remove obstruction from well Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: DH1B Well ID No.: 147 Start Date: 5/19/05 End Date: 5/23/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D. Gibson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Take out debris in well, Extend casing, put in pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	Steel
Diameter:	10 in.
Height Above Ground: (Stick up)	36 in.
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	30 in.
Depth BLS:	354 ft

### Surface Casing

Material:	Steel
Diameter:	6 in.
Height Above Ground: (Stick up)	30 in.
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	30 in.
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

The diagram illustrates a well modification log. It shows a vertical well access line on the left and a discharge line on the right. The well access line is capped at the bottom. The discharge line is connected to a pump intake at the bottom. The water level is indicated by a horizontal line with a downward arrow. The pump intake depth is marked at the bottom of the discharge line. The diagram also shows the plug configuration (color/symbol) for the well access line: Black to \_\_\_\_\_, Red to \_\_\_\_\_, Yellow to \_\_\_\_\_, Green to \_\_\_\_\_, and \_\_\_\_\_ to \_\_\_\_\_.

WL Access Line  
Discharge Line  
Water Level: \_\_\_\_\_ ft  
WL Access Line Depth: \_\_\_\_\_ ft  
cap  
Pump Intake Depth: \_\_\_\_\_ ft

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

Discharge Line Material: \_\_\_\_\_ WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)  
WL Access Line Material: \_\_\_\_\_ Water Level (approx): \_\_\_\_\_ ft  
Gauge of Pump Wire: \_\_\_\_\_ New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	05A18 12 3290
Pump Length:	61 in.
Top of Pump:	354 ft
Bottom of Pump:	359 ft
Inlet Depth:	357 ft
Horse Power:	5
Flow Rate:	16gpm
Head:	
Volts, Amps, KW:	
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-OBS-A-126A Well ID No.: 1345 Start Date: 11/1/04 End Date: 11/2/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
 Reason for modification: Lower water level access line by 20 ft, replace the pipe and pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Galvanized
Diameter:	1 in.
Height Above Ground: (Stick up)	1.37 ft
Depth BLS:	609.63 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless
Diameter:	1 in
Height Above Ground: (Stick up)	1.37 ft
Depth BLS:	500.63

Video Logs: Yes ☒ No ☐

Date: 11/2/04

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	16S50-38
Serial No.:	0D18 07 3645
Pump Length:	5 ft
Top of Pump:	609.63 ft
Bottom of Pump:	614.63 ft
Inlet Depth:	612.63 ft
Horse Power:	5
Flow Rate:	
Head:	
Volts, Amps, KW:	17.8 Amps
Phase:	3
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-OBS-A-126B Well ID No.: 1346 Start Date: 11/2/04 End Date: 11/3/04  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
Reason for modification: Add additional stainless steel pipe Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless steel
Diameter:	1 ¼ in.
Height Above Ground: (Stick up)	
Depth BLS:	462.5 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	447 ft

Video Logs: Yes ☒ No ☐

Date: 11/2/04

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'. Below the diagram, there are fields for 'Discharge Line Material', 'WL Access Line Material', 'Guage of Pump Wire', 'WL Access Line Capped', 'Water Level (approx)', and 'New Well Survey Needed'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	462.5 ft
Bottom of Pump:	467.6 ft
Inlet Depth:	465.5 ft
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: ANP-08 Well ID No.: 76 Start Date: 6/6/05 End Date: 6/8/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Anderson, Jensen, Cook Logbook No.: ER-132-2005  
 Reason for modification: Pump removed, pump installed Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in.
Height Above Ground: (Stick up)	
Depth BLS:	271 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Discharge Line

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

cap

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow 2
Serial No.:	
Pump Length:	1 ft
Top of Pump:	271 ft
Bottom of Pump:	272 ft
Inlet Depth:	271.5 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:
Operating Amp:	
Comments:	

## WELL MODIFICATION LOG

Well Name: TAN-15 Well ID No.: 751 Start Date: 6/13/05 End Date: 6/13/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D.Gordon, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Replace carbon steel pipe with stainless steel. Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless steel
Diameter:	1 in.
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TAN-16 Well ID No.: 752 Start Date: 6/15/05 End Date: 6/15/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D.Gordon, H. Jensen, J. Cook Logbook No.: ER-132-2005  
Reason for modification: Replace carbon steel pipe with stainless steel Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 in
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TAN-17 Well ID No.: 728 Start Date: 6/13/05 End Date: 6/13/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D.Gordon, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Replace carbon steel pipe with stainless steel Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	Stainless Steel
Diameter:	1 in
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	Stainless Steel
Diameter:	1 in
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: TAN-1859 Well ID No.: 1859 Start Date: 6/8/05 End Date: 6/8/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D. Gordon, H. Jensen Logbook No.: ER-132-2005  
 Reason for modification: Install Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in.
Height Above Ground: (Stick up)	
Depth BLS:	248.85 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

11/9/05  
Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	51418355
Pump Length:	1 ft
Top of Pump:	248.85 ft
Bottom of Pump:	249.85 ft
Inlet Depth:	249.35 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	1
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TAN-1860 Well ID No.: 1860 Start Date: 6/8/05 End Date: 6/8/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D. Gordon, H. Jensen Logbook No.: ER-132-2005  
 Reason for modification: Install Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in.
Height Above Ground: (Stick up)	
Depth BLS:	266.28

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Discharge Line

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

cap

Discharge Line Material: \_\_\_\_\_ WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_ Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_ New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	
Pump Length:	1 ft
Top of Pump:	266.28 ft
Bottom of Pump:	267.28 ft
Inlet Depth:	266.78 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	1
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TAN-1861 Well ID No.: 1861 Start Date: 6/8/05 End Date: 6/8/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: \_\_\_\_\_ Logbook No.: ER-132-2005  
 Reason for modification: Install Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in.
Height Above Ground: (Stick up)	
Depth BLS:	237.34 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	051318312
Pump Length:	1 ft
Top of Pump:	237.34 ft
Bottom of Pump:	238.34ft
Inlet Depth:	237.84 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	1
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TANT-INJ-A-003 Well ID No.: 1219 Start Date: 6/7/05 End Date: 6/7/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: \_\_\_\_\_ Logbook No.: ER-132-2005  
 Reason for modification: Install pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in.
Height Above Ground: (Stick up)	
Depth BLS:	258.81 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	Rediflow 2
Serial No.:	51418355
Pump Length:	1 ft
Top of Pump:	258.81 ft
Bottom of Pump:	257.81 ft
Inlet Depth:	257.31 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	5.5 Amps
Phase:	1
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: TANT-MON-A-011 Well ID No.: 1163 Start Date: 6/2/05 End Date: 6/2/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: \_\_\_\_\_ Logbook No.: ER-132-2005  
 Reason for modification: Install 2 pumps Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in.
Height Above Ground: (Stick up)	
Depth BLS:	240 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Discharge Line

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

cap

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	51418357
Pump Length:	1 ft
Top of Pump:	240 ft, 276 ft
Bottom of Pump:	241 ft, 277 ft
Inlet Depth:	240.5 ft, 276.5 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	1
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TANT-MON-A-012 Well ID No.: 1164 Start Date: 6/2/05 End Date: 6/2/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D. Gordon, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Remove pump and pipe Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Gauge of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TANT-MON-A-013 Well ID No.: 1165 Start Date: 6/2/05 End Date: 6/2/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D. Gordon, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Remove pump and pipe Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Gauge of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TANT-MON-A-014 Well ID No.: 1166 Start Date: 6/1/05 End Date: 6/1/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D. Gordon, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Remove pump and pipe Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	
Manufacture:	
Model No.:	
Serial No.:	
Pump Length:	
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: TANT-MON-A-058 Well ID No.: 1344 Start Date: 6/2/05 End Date: 6/2/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, D. Gordon, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Install new pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in.
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	51418367
Pump Length:	1 ft
Top of Pump:	
Bottom of Pump:	
Inlet Depth:	
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	1
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: PW-13 Well ID No.: 761 Start Date: 10/29/04 End Date: 10/29/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
Reason for modification: Install Rediflow2 Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in. ID
Height Above Ground: (Stick up)	
Depth BLS:	86.5 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☐

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Discharge Line

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

cap

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	43017117
Pump Length:	1ft
Top of Pump:	86.5 ft
Bottom of Pump:	87.5 ft
Inlet Depth:	86 ft
Horse Power:	½
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: PW-8 Well ID No.: 264 Start Date: 10/06/04 End Date: 10/20/05  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-113-2005  
 Reason for modification: Replace pump and wiring Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump is shown at the bottom of the discharge line, with its intake depth marked. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake Depth', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Gauge of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	
Pump Length:	1 ft
Top of Pump:	124.8 ft
Bottom of Pump:	125.8 ft
Inlet Depth:	125.3 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: PW-9 Well ID No.: 265 Start Date: 10/06/05 End Date: 10/20/05  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005,  
Reason for modification: Replace pump and wiring Elevation of Brass Cap: ER-113-2005

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☒ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'. Below the diagram, there are fields for 'Discharge Line Material', 'WL Access Line Material', 'Guage of Pump Wire', 'WL Access Line Capped', 'Water Level (approx)', and 'New Well Survey Needed'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	
Pump Length:	1 ft
Top of Pump:	188.3 ft
Bottom of Pump:	189.3 ft
Inlet Depth:	188.8 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:



## WELL MODIFICATION LOG

Well Name: TRA-1933 Well ID No.: 1933 Start Date: 10/29/04 End Date: 10/29/04  
Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-199-2004  
Reason for modification: Install Rediflow2 pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in. ID
Height Above Ground: (Stick up)	
Depth BLS:	88.23 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☐ No ☒ If Yes, was pump returned to original depth? Yes ☐ No ☒

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Discharge Line

Water Level: \_\_\_\_\_ ft

WL Access Line Depth: \_\_\_\_\_ ft

cap

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

WL Access Line Material: \_\_\_\_\_

Water Level (approx): \_\_\_\_\_ ft

Gauge of Pump Wire: \_\_\_\_\_

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow
Serial No.:	42216884
Pump Length:	1 ft
Top of Pump:	88.23 ft
Bottom of Pump:	89.23 ft
Inlet Depth:	88.73 ft
Horse Power:	0.5
Flow Rate:	1 gpm
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: TRA-1934 Well ID No.: 1934 Start Date: 10/29/04 End Date: 10/29/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: Tony Anderson, Hayes Jensen, Joe Cook Logbook No.: ER-199-2004  
 Reason for modification: Install New Rediflow Pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	HDPE
Diameter:	½ in. ID
Height Above Ground: (Stick up)	
Depth BLS:	92.75 ft

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump intake is shown at the bottom of the discharge line. A water level is indicated by a triangle symbol. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake', and 'cap'. Below the diagram, there are fields for 'Discharge Line Material', 'WL Access Line Material', 'Guage of Pump Wire', 'WL Access Line Capped', 'Water Level (approx)', and 'New Well Survey Needed'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line  
Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake  
Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow 2
Serial No.:	42216886
Pump Length:	1 ft
Top of Pump:	92.75 ft
Bottom of Pump:	93.75 ft
Inlet Depth:	93.25 ft
Horse Power:	0.5
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

## WELL MODIFICATION LOG

Well Name: USGS-073 Well ID No.: 522 Start Date: 11/23/04 End Date: 11/23/04  
 Project Name: Sitewide Well Maintenance for Fiscal Year 2005 Installation team: T. Anderson, H. Jensen, J. Cook Logbook No.: ER-132-2005  
 Reason for modification: Replace Rediflow pump Elevation of Brass Cap: \_\_\_\_\_

Well Description	Satisfactory	Needs Repair
Casing condition:	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Pad:	<input type="checkbox"/>	<input type="checkbox"/>
Guard Post:	<input type="checkbox"/>	<input type="checkbox"/>
Screen:	<input type="checkbox"/>	<input type="checkbox"/>
Loc and Cap:	<input type="checkbox"/>	<input type="checkbox"/>

### Protective Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Discharge Line (Riser Pipe) Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Surface Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

### Water Level Access Line Modification

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Video Logs: Yes ☐ No ☐

Date:

Deviation Logs: Yes ☐ No ☐

Date:

Other Geologic Logs: Yes ☐ No ☐

Date:

### Well Casing

Material:	
Diameter:	
Height Above Ground: (Stick up)	
Depth BLS:	

Performed By  
Print/Type Name

Performed By  
Signature

Date

## WELL MODIFICATION LOG

Is this a pump replacement? Yes ☒ No ☐ If Yes, was pump returned to original depth? Yes ☐ No ☐

The diagram illustrates a well modification log. It shows a vertical well access line on the left, capped at the bottom. A discharge line runs vertically in the center. A pump is located at the bottom of the discharge line. The water level is indicated by a triangle symbol. The pump intake depth is marked. The diagram includes labels for 'WL Access Line', 'Discharge Line', 'Water Level', 'Pump Intake Depth', and 'cap'.

Plug Configuration (color/symbol)  
Black to \_\_\_\_\_  
Red to \_\_\_\_\_  
Yellow to \_\_\_\_\_  
Green to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

WL Access Line Depth: \_\_\_\_\_ ft

Water Level: \_\_\_\_\_ ft

Pump Intake Depth: \_\_\_\_\_ ft

Discharge Line Material: \_\_\_\_\_

WL Access Line Material: \_\_\_\_\_

Guage of Pump Wire: \_\_\_\_\_

WL Access Line Capped: \_\_\_\_ (yes) \_\_\_\_ (no)

Water Level (approx): \_\_\_\_\_ ft

New Well Survey Needed: \_\_\_\_ (yes) \_\_\_\_ (no)

Pump Modification	
Type:	Submersible
Manufacture:	Grundfos
Model No.:	Rediflow2
Serial No.:	
Pump Length:	1 ft
Top of Pump:	120 ft
Bottom of Pump:	121 ft
Inlet Depth:	120.5 ft
Horse Power:	1/2
Flow Rate:	
Head:	
Volts, Amps, KW:	
Phase:	
Motor Leads Subm Cable:	
Check Valve Removed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weep Hole Depth BLS:	

### Well Development

Date:	Method:
Comments:	

### Pump Test

Date:	Specific Capacity:

**Appendix C**

**Well Abandonment Forms**





## Appendix C

### Well Abandonment Forms

#### WELL ABANDONMENT FORM

Well Name: ACID PIT I-07  
 Well ID Number: 774  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/27/2005  
 End Date: 7/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	17.16		
Volume( ft <sup>3</sup> )	1.497		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONMENT FORM

Well Name: ACID PIT I-08  
 Well ID Number: 775  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/28/2005  
 End Date: 7/28/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	16.33		
Volume( ft <sup>3</sup> )	1.425		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: ACID PIT I-09  
 Well ID Number: 776  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/27/2005  
 End Date: 7/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	17.66		
Volume( ft <sup>3</sup> )	1.54		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONMENT FORM

Well Name: ACID PIT I-10  
 Well ID Number: 777  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 8/1/2005  
 End Date: 8/1/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	19.75		
Volume( ft <sup>3</sup> )	1.72		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: ACID PIT I-12  
 Well ID Number: 779  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/28/2005  
 End Date: 7/28/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	16.66		
Volume( ft <sup>3</sup> )	1.453		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: ACID PIT I-13  
 Well ID Number: 780  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/28/2005  
 End Date: 7/28/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	16.58		
Volume( ft <sup>3</sup> )	1.45		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: ACID PIT P-01  
 Well ID Number: 784  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 8/1/2005  
 End Date: 8/1/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	18		
Volume( ft <sup>3</sup> )	1.57		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: ACID PIT P-03  
 Well ID Number: 786  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/27/2005  
 End Date: 7/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	17.75		
Volume( ft <sup>3</sup> )	1.54		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		



## WELL ABANDONEMENT FORM

Well Name: ACID PIT P-05  
 Well ID Number: 788  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/27/2005  
 End Date: 7/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth	22.75		
Volume( ft <sup>3</sup> )	1.985		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: ACID PIT P-06  
 Well ID Number: 789  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/28/2005  
 End Date: 7/28/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4"		
Total Depth (ft)	18.9		
Volume( ft <sup>3</sup> )	1.65		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONMENT FORM

Well Name: GIN 06  
 Well ID Number: 164-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/6/2005  
 End Date: 9/6/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4.5"		
Total Depth	57		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	2 lines Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 06  
 Well ID Number: 164-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/6/2005  
 End Date: 9/6/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	4.5"		
Total Depth	57		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	2 lines Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN-07  
 Well ID Number: 165-1  
 Location: Souhtwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/9/2005  
 End Date: 9/9/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	6.5		
Total Depth(ft)	200.1		
Volume( ft <sup>3</sup> )	5.35		

Abandonment Details			
Material to fill Well casing	NA		
Volume used	NA		
Mixture	NA		
Volume of Lines (ft <sup>3</sup> )	NA		
Material for Monument	NONE		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	CUT OFF 8"BLS		

## WELL ABANDONMENT FORM

Well Name: GIN-07  
 Well ID Number: 165-2  
 Location: Southeast of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/9/2005  
 End Date: 9/9/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	6.5		
Total Depth(ft)	200.1		
Volume( ft <sup>3</sup> )	5.35		

Abandonment Details			
Material to fill Well casing	BENTONITE GROUT		
Volume used	3.04		
Mixture	19 bags/260 gal.		
Volume of Lines (ft <sup>3</sup> )	0.19		
Material for Monument	NONE		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	CUT OFF 8"BLS		

## WELL ABANDONMENT FORM

Well Name: GIN-07  
 Well ID Number: 165-3  
 Location: Southeast of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/9/2005  
 End Date: 9/9/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	6.5		
Total Depth(ft)	200.1		
Volume( ft <sup>3</sup> )	5.35		

Abandonment Details			
Material to fill Well casing	BENTONITE GROUT		
Volume used	6.46 Bags		
Mixture	19 bags/260 gal.		
Volume of Lines (ft <sup>3</sup> )	0.34		
Material for Monument	NONE		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	CUT OFF 8"BLS		

## WELL ABANDONMENT FORM

Well Name: GIN-07  
 Well ID Number: 165-4  
 Location: Southeast of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/9/2005  
 End Date: 9/9/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	6.5		
Total Depth(ft)	200.1		
Volume( ft <sup>3</sup> )	5.35		

Abandonment Details			
Material to fill Well casing	BENTONITE GROUT		
Volume used	9.5 bags		
Mixture	19 bags/260 gal.		
Volume of Lines (ft <sup>3</sup> )	0.56		
Material for Monument	NONE		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	CUT OFF 8"BLS		



## WELL ABANDONMENT FORM

Well Name: GIN 09  
 Well ID Number: 164-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/6/2005  
 End Date: 9/6/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	53		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 09  
 Well ID Number: 164-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/6/2005  
 End Date: 9/6/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	53		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 09  
 Well ID Number: 164-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/6/2005  
 End Date: 9/6/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	53		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 10  
 Well ID Number: 168-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/9/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	44		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 10  
 Well ID Number: 168-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/9/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	44		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 10  
 Well ID Number: 168-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/9/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	44		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 11  
 Well ID Number: 169-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	44		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 11  
 Well ID Number: 169-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	44		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		



## WELL ABANDONMENT FORM

Well Name: GIN 11  
 Well ID Number: 169-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	44		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 12  
 Well ID Number: 170-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/1/2005  
 End Date: 9/1/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	48		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 12  
 Well ID Number: 170-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/1/2005  
 End Date: 9/1/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	48		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 12  
 Well ID Number: 170-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/1/2005  
 End Date: 9/1/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	48		
Volume( ft <sup>3</sup> )	FILLED IN		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 13  
 Well ID Number: 171-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/1/2005  
 End Date: 9/1/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 13  
 Well ID Number: 171-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/1/2005  
 End Date: 9/1/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 13  
 Well ID Number: 171-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/1/2005  
 End Date: 9/1/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	3 lines		

## WELL ABANDONMENT FORM

Well Name: GIN 14  
 Well ID Number: 172-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	51.5		
Volume( ft <sup>3</sup> )	FILLED		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		



## WELL ABANDONMENT FORM

Well Name: GIN 14  
 Well ID Number: 172-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	51.5		
Volume( ft <sup>3</sup> )	FILLED		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 14  
 Well ID Number: 172-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	8"		
Total Depth	51.5		
Volume( ft <sup>3</sup> )	FILLED		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 15  
 Well ID Number: 173-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 15  
 Well ID Number: 173-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 15  
 Well ID Number: 173-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 16  
 Well ID Number: 174-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 16  
 Well ID Number: 174-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 16  
 Well ID Number: 174-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		



## WELL ABANDONMENT FORM

Well Name: GIN 17  
 Well ID Number: 175-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 17  
 Well ID Number: 175-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 17  
 Well ID Number: 175-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 17  
 Well ID Number: 175-4  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 8/31/2005  
 End Date: 8/31/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 18  
 Well ID Number: 176-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 18  
 Well ID Number: 176-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	1/2 Bag silica sand/ Bentonite Grout		
Volume used	4.03 bags		
Mixture	15.5 bags/286 gal		
Volume of Lines	0.64		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 18  
 Well ID Number: 176-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	1/2 Bag silica sand/ Bentonite Grout		
Volume used	5.66		
Mixture	15.5 bags/286 gal		
Volume of Lines	0.894		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 18  
 Well ID Number: 176-4  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	1/2 Bag silica sand/ Bentonite Grout		
Volume used	5.81		
Mixture	15.5 bags/286 gal		
Volume of Lines	0.92		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	Cut off 8" bls		



## WELL ABANDONMENT FORM

Well Name: GIN 19  
 Well ID Number: 177-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines			
Volume used	NA		
Mixture	NA		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 19  
 Well ID Number: 177-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	Bentonite Grout		
Volume used	3.4 bags		
Mixture	14 bags/210 gal		
Volume of Lines	0.567		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 19  
 Well ID Number: 177-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	Bentonite Grout		
Volume used	4.4 bags		
Mixture	14 bags/210 gal		
Volume of Lines	0.736		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 19  
 Well ID Number: 177-4  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	Bentonite Grout		
Volume used	6.1 bags		
Mixture	14 bags/210 gal		
Volume of Lines	1.03		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 20  
 Well ID Number: 177-1  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	NA		
Volume used	NA		
Mixture	NA		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1/2"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 20  
 Well ID Number: 177-2  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	Bentonite Grout		
Volume used	2.65 bags		
Mixture	14.5 bags/239 gal		
Volume of Lines	0.37		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 20  
 Well ID Number: 177-3  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	Bentonite Grout		
Volume used	7.45 bags		
Mixture	14.5 bags/239 gal		
Volume of Lines	1.036		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	1 Cut 8" BLS		

## WELL ABANDONMENT FORM

Well Name: GIN 20  
 Well ID Number: 177-4  
 Location: Southwest of SMC  
 Field Team: Oberhansley, Anderson, Jensen  
 Start Date: 9/8/2005  
 End Date: 9/8/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	NA		
Total Depth	NA		
Volume( ft <sup>3</sup> )	NA		

Abandonment Details			
Material to fill Well Lines	Bentonite Grout		
Volume used	4.4 bags		
Mixture	14.5 bags/239 gal		
Volume of Lines	0.61		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	1"		
Welded			
Capped/Crimped	1 Cut 8" BLS		



## WELL ABANDONEMENT FORM

Well Name:	RWMC-SCI-S-741-08
Well ID Number:	1738
Location:	RWMC
Field Team:	
Start Date:	7/14/2005
End Date:	7/14/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	5"		
Total Depth (ft)	22.3'		
Volume( ft <sup>3</sup> )	3.04		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: RWMC-SCI-S-DU-08  
 Well ID Number: 1723  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/13/2005  
 End Date: 7/13/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	5"		
Total Depth (ft)	18.7'		
Volume( ft <sup>3</sup> )	2.55		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: RWMC-SCI-S-DU-10  
 Well ID Number: 17,181,719  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/13/2005  
 End Date: 7/13/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	5"		
Total Depth (ft)	17.3		
Volume( ft <sup>3</sup> )	2.359		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONEMENT FORM

Well Name: RWMC-SCI-S-DU-14  
 Well ID Number: 1,721,172,217,481,740  
 Location: RWMC  
 Field Team: \_\_\_\_\_  
 Start Date: 7/13/2005  
 End Date: 7/13/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	5"		
Total Depth (ft)	17.3		
Volume( ft <sup>3</sup> )	2.36		

Abandonment Details			
Material to fill Well casing	SAND TO 18" BLS, BENTONITE TO SURFACE		
Volume used	NR		
Mixture	NA		
Material for Monument	NA		
Volume used	NR		
Mixture	NR		
Height Above Grade	SOIL FILLED TO GRADE		
Depth Below Grade	CASING CUT OFF 6" BELOW GRADE		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-01  
 Well ID Number: 286  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/27/2005  
 End Date: 9/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	31		
Volume( ft <sup>3</sup> )	0.676		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	.66 bag, .5 bag		
Mixture	8 bags/110 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-01A  
 Well ID Number: 287  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/22/2005  
 End Date: 9/22/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	30.2		
Volume( ft <sup>3</sup> )	0.781		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bag, .5 bag- Casing		
Mixture	7 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-02  
 Well ID Number: 288  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/27/2005  
 End Date: 9/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	35.5		
Volume( ft <sup>3</sup> )	0.781		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.660 bag, .5 bag- Casing		
Mixture	4 bags/60 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-03  
 Well ID Number: 290  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/15/2005  
 End Date: 9/15/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	26.5		
Volume( ft <sup>3</sup> )	0.583		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags		
Mixture	8 bags/110 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		



## WELL ABANDONMENT FORM

Well Name: SWPP-03A  
 Well ID Number: 291  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/27/2005  
 End Date: 9/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	33.2		
Volume( ft <sup>3</sup> )	0.73		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bag, 0.5 bags Casing		
Mixture	8 bags/110 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-04  
 Well ID Number: 292  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/22/2005  
 End Date: 9/22/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	18.5		
Volume( ft <sup>3</sup> )	0.407		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.33 bags, 0.5 bags Casing		
Mixture	1.33 bags/20 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-04A  
 Well ID Number: 293  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/15/2005  
 End Date: 9/15/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	31.4		
Volume( ft <sup>3</sup> )	0.685		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	2.0 bags		
Mixture	8 bags/110 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-05  
 Well ID Number: 294  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/22/2005  
 End Date: 9/22/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	28		
Volume( ft <sup>3</sup> )	0.611		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.66 bags		
Mixture	3 bags/45 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-05A  
 Well ID Number: 295  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/15/2005  
 End Date: 9/15/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	20.2		
Volume( ft <sup>3</sup> )	0.441		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.5 bags		
Mixture	8 bags/110 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-06  
 Well ID Number: 296  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/16/2005  
 End Date: 9/16/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	17.6		
Volume( ft <sup>3</sup> )	0.0384		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.5 bags		
Mixture	8 bags/110 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-06A  
 Well ID Number: 297  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/16/2005  
 End Date: 9/16/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	18		
Volume( ft <sup>3</sup> )	0.393		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1 bag		
Mixture	8 bags/110 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-08  
 Well ID Number: 300  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/16/2005  
 End Date: 9/16/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	32.5		
Volume( ft <sup>3</sup> )	0.709		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.7 bags, 0.5 bags Casing Seal		
Mixture	4 bags/60 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		



## WELL ABANDONMENT FORM

Well Name: SWPP-09  
 Well ID Number: 302  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/16/2005  
 End Date: 9/16/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	37.5		
Volume( ft <sup>3</sup> )	0.818		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.3 bags, 0.5 bags Casing Seal		
Mixture	7 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-10  
 Well ID Number: 304  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/26/2005  
 End Date: 9/26/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	32		
Volume( ft <sup>3</sup> )	0.698		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal		
Mixture	7 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-11A  
 Well ID Number: 307  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/22/2005  
 End Date: 9/26/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	20.5		
Volume( ft <sup>3</sup> )	0.447		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	2.0 bags, 0.5 bags Casing Seal		
Mixture	7 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-12A  
 Well ID Number: 309  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/28/2005  
 End Date: 9/28/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	23.3		
Volume( ft <sup>3</sup> )	0.508		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.5 bags, 0.5 bags Casing Seal		
Mixture	2 bags/40 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-13  
 Well ID Number: 310  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/21/2005  
 End Date: 9/21/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	32.5		
Volume( ft <sup>3</sup> )	0.709		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.7 bags, 0.5 bags Casing Seal		
Mixture	7 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-13A  
 Well ID Number: 312  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/28/2005  
 End Date: 9/28/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	29.9		
Volume( ft <sup>3</sup> )	0.652		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.5 bags, 0.5 bags Casing Seal		
Mixture	4 bags/60 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-14  
 Well ID Number: 312  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/21/2005  
 End Date: 9/21/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	33		
Volume( ft <sup>3</sup> )	0.72		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.7 bags, 0.5 bags Casing Seal		
Mixture	4 bags/60 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-14A  
 Well ID Number: 313  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/28/2005  
 End Date: 9/28/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	29		
Volume( ft <sup>3</sup> )	0.633		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.5 bags, 0.5 bags Casing Seal		
Mixture	0.5 bags/10 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		



## WELL ABANDONMENT FORM

Well Name: SWPP-15A  
 Well ID Number: 315  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/28/2005  
 End Date: 9/28/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	30.2		
Volume( ft <sup>3</sup> )	0.659		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.5 bags, 0.5 bags Casing Seal		
Mixture	0.5 bags/10 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-16  
 Well ID Number: 316  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/20/2005  
 End Date: 9/29/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	29		
Volume( ft <sup>3</sup> )	0.633		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal		
Mixture	1.0 bags/15 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-17  
 Well ID Number: 318  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/21/2005  
 End Date: 9/22/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	20		
Volume( ft <sup>3</sup> )	0.436		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal		
Mixture	1.0 bags/15 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-18  
 Well ID Number: 320  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/21/2005  
 End Date: 9/22/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	18.5		
Volume( ft <sup>3</sup> )	0.404		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal		
Mixture	6.0 bags/85 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-18A  
 Well ID Number: 321  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/20/2005  
 End Date: 9/20/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	20.7		
Volume( ft <sup>3</sup> )	0.452		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal		
Mixture	6.0 bags/85 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-19  
 Well ID Number: 322  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/26/2005  
 End Date: 9/26/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	34		
Volume( ft <sup>3</sup> )	0.742		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	2.0 bags, 0.5 bags Casing Seal		
Mixture	4.0 bags/56 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-19A  
 Well ID Number: 323  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/16/2005  
 End Date: 9/16/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	23.7		
Volume( ft <sup>3</sup> )	0.517		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal		
Mixture	2.0 bags/50 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-20A  
 Well ID Number: 325  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/14/2005  
 End Date: 9/15/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	30.7		
Volume( ft <sup>3</sup> )	0.67		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.5 bags, 0.5 bags Casing Seal		
Mixture	8.0 bags/110 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		



## WELL ABANDONMENT FORM

Well Name: SWPP-21A  
 Well ID Number: 327  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/27/2005  
 End Date: 9/27/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	29.5		
Volume( ft <sup>3</sup> )	0.644		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal		
Mixture	4.0 bags/60 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-22  
 Well ID Number: 328  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/21/2005  
 End Date: 9/21/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	18		
Volume( ft <sup>3</sup> )	0.393		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.4 bags, 0.5 bags Casing Seal		
Mixture	7.0 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-23  
 Well ID Number: 329  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/21/2005  
 End Date: 9/21/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	36		
Volume( ft <sup>3</sup> )	0.785		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	3.0 bags, 2.0 bags Casing Seal		
Mixture	NR		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-24  
 Well ID Number: 330  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/22/2005  
 End Date: 9/22/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	18		
Volume( ft <sup>3</sup> )	0.393		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.5 bags, 0.5 bags Casing Seal		
Mixture	3.0 bags/45 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-25  
 Well ID Number: 331  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/20/2005  
 End Date: 9/22/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	15		
Volume( ft <sup>3</sup> )	0.327		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	1.0 bags, 0.5 bags Casing Seal		
Mixture	7.0 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		

## WELL ABANDONMENT FORM

Well Name: SWPP-26  
 Well ID Number: 332  
 Location: INTEC  
 Field Team: Oberhansley, Anderson, Gordon, Jensen  
 Start Date: 9/20/2005  
 End Date: 9/20/2005

Well Description	
Pad Condition	REMOVED
Brass Cap Condition	REMOVED

Equipment To Be Removed	Yes	No
Pump		X
Instrumentation		X

Well Casing			
Diameter	2"		
Total Depth (ft)	17		
Volume( ft <sup>3</sup> )	0.371		

Abandonment Details			
Material to fill Well Casing	Bentonite Grout, Powdered Bentonite		
Volume used	0.66 bags, 0.5 bags Casing Seal		
Mixture	7.0 bags/100 gal		
Volume of Lines	NA		
Material for Monument	NA		
Volume used	NA		
Mixture	NA		
Height Above Grade	NA		
Depth Below Grade	NA		
Access lines 1" Diameter or less			
Diameter	NA		
Welded	NA		
Capped/Crimped	NA		